North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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MEMORANDUM

TO: State Hospital Directors
Area Program Directors

FROM: Stan Slawinski, Ph.D., Chief
State Operated Services

DATE: June 10, 2003

SUBJECT: Service Plans for Long-term Patient Discharges

This memorandum is to inform you of requirements for discharge planning for patients leaving the long-term adult and geropsychiatric services at the State hospitals during SFY2003-2004 as a follow-up to information provided in a March 12, 2003 memorandum.

First, the procedures implemented for approval by the Division of discharge plans for long-term adult psychiatric and geropsychiatric patients leaving Broughton, Dix, and Umstead hospitals, originally scheduled for March 1 through June 30, 2003 are hereby extended beginning July 1, 2003 through June 30, 2004. This extension requires that State hospitals and area programs continue to jointly develop discharge plans for the effected patient populations which must be submitted to State Operated Services Section of the Division for review and approval prior to actual discharge of the long-term patient to the community. For Cherry hospital, discharge plans for long-term adult patients will need to be submitted for approval after funds are allocated to the area programs in the East for capacity expansion, planned for this coming fiscal year (SFY2003-2004). Additional information will be provided to Cherry at that time. Please review the attached March 12 memorandum for details of the procedure.

Second, in developing individualized discharge plans for patients discharging from adult long-term and geropsychiatric beds, patients and/or guardians should be exposed to and educated about the full array and range of community-based services available to promote successful transfer to the community. These services include residential placement options ranging from supported housing to group homes to adult care homes, as well as treatment services and supports. Exposure and education includes visits to the different types of residential settings and to specific sites, whenever possible, to ensure that patients are able to voice informed preferences about residence and services in the community.

Allocations to Area Programs in SFY2003 to increase community service capacity have, in many cases, resulted in a broader array of residential options. For example, some Area Programs received funds to assist individuals with security deposits and rent. The development or expansion of ACTT services in many areas will allow individuals to have more intensive supports even if they choose to live independently.

Staff should solicit and strongly consider the informed preferences of patients/guardians in the discharge planning process, when these preferences are available in the community and appropriate to the needs of the individual. Discharge plans submitted to the Division for approval should reflect the endorsement of these preferences in terms of the specific options identified for residential arrangement, service provider(s), and supports. For approval, submitted discharge plans must detail available services with start dates. Residential placement must meet the support needs of the individual, and criteria for placement in congregate settings are attached. Plans to discharge patients to homeless shelters are not acceptable.

The attached document details the specific additional information required with each submitted discharge plan.

Plans are under development to provide after-discharge follow-up coordinated by the Division. Follow-up will include report of services received, measures of outcome such as tenure in community and hospitalization, and periodic consumer contact.

Please contact Laura White or Jim Osberg at 919-733-3654 with any questions.

Cc: NC Council
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